

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99470 Office of Registrar of Vital Statistics.

Ward 7<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 25, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Val. Miller

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 21 Years, 21 Months, 21 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 900. N. Shuter St.

Cause of Death, { First (Primary), Second (Immediate), } Tuberculosis

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, April 26, 1887

Undertaker, Henry Hoeck

Place of Business, 1023. P. Calver Ave. Address, 1053. N. B. Way

A. L. Gage M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99471 Office of Registrar of Vital Statistics.

Ward 1<sup>st</sup> 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 24<sup>th</sup> 1887  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Ann Stewart  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, \_\_\_\_\_ Years, 12 Months, \_\_\_\_\_ Days.

Color, Red

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 521. N. Dallas St

Cause of Death, { First (Primary), Second (Immediate), } Fettling  
Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Apr 26<sup>th</sup> 1887

Undertaker, William Dunsen M. D.

Medical Attendant.

Place of Business, 151 East St Address, 137 Union St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99472 Office of Registrar of Vital Statistics.

Ward 8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, 24<sup>th</sup> April 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Woods,

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, Forty Seven (47) Years,

Months, \_\_\_\_\_ Days

Color, White

Married, Single ~~Widow~~ ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Store Keeper.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1006. Forest Place Baltimore

Cause of Death, { First (Primary), Second (Immediate), } Pleurisy. on right side.  
Pleuro-pneumonia

Duration of Last Sickness, About fifteen (15) days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 26<sup>th</sup>

Undertaker, Evans & Spence

Place of Business, 1000 E. Baltimore St.

W. C. van Bibber M. D.

Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99473 Office of Registrar of Vital Statistics. Ward 4<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, April 24<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elvina Lyle Chase

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 43 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Clayton Pa.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give Street and Number. } 1113<sup>47</sup> Watson st

Cause of Death, { First (Primary), Second (Immediate), } Cancer of Stomach  
Exhaustion

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 25<sup>th</sup>

Undertaker, Evans & Pence J. Edgway Andrew M. D.

Medical Attendant.

Place of Business, 1000 E. Balto. St. Address, 1123 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99474 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday April 24th. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Cochran

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Wood & Coal Dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Scotland.

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 17 1/2 E. Chas St. No. 100

Cause of Death, {First (Primary), Injury received by being hit in the Stomach with a piece of Second (Immediate), Penetration & Collapse.

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Batts Cemetery

Date of Burial, April 29th

{ Undertaker, Evans & Spencer } Within Burial M. D.

{ Place of Business, 1000 E. Batts } Address, Chas St. & Jones Pl.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99475 Office of Registrar of Vital Statistics. Ward 7<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 24<sup>th</sup> 1887  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rachel Vogles  
Sex, Male or Female, { Cross out the word not required in this line. } Female  
Age, 57 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
Color, White  
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow  
Occupation, \_\_\_\_\_  
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Penn  
Duration of Residence in the City of Baltimore, 34 yrs  
Place of Death, { Give Street and Number. } 246 Herford Ave  
Cause of Death, { First (Primary), Second (Immediate), } Some disease about the base of Brain  
Congestion of the Brain  
Duration of Last Sickness, 5 wks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.  
Date of Burial, April 26. 1887  
{ Undertaker, Wm. H. Hickman. M. B. Billingsley M. D. Medical Attendant.  
Place of Business, 234 N. Gay St. Address, 1206 E. Prater

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. 7776

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99476

Office of Registrar of Vital Statistics.

Ward

16<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

April 25 / 87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Joshua Wallace

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

18

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Laborer

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balto

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

167 Dover St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Phthisis  
Sethemia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Sharpley Cemetery

Date of Burial,

April 24 1887

Undertaker,

Heracles Ross

W. L. Borge

M. D.

Medical Attendant.

Place of Business,

404 Canal St

Address,

417 Sharpley

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]



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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99477 Office of Registrar of Vital Statistics. Ward 9<sup>d</sup>

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 25 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael J. O'Mara

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 39 Years, Months, Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ☒

Occupation, Death Dealer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Manchester - England.

Duration of Residence in the City of Baltimore, 29 years

Place of Death, { Give Street and Number. } 326 Park Ave.

Cause of Death, { First (Primary), Second (Immediate), } Hypertrophy of the heart  
Gastro Enteritis

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, April 28 1887

Undertaker, A. Rosenberg John J. [Signature] M. D.s

Place of Business, 61 Park Ave Address, 1327 N Bayview St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99478 Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 24/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph D Rainor

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 45 Years,

Months,

Days.

Color, white

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Car Maker

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

A. A. Co. Md.

Duration of Residence in the City of Baltimore, 36 yrs.

Place of Death, { Give Street and Number. }

1118 Chesapeake St.

Cause of Death, { First (Primary), Second (Immediate), } Hemorrhage from the bladder from injury  
Cerebral hemorrhage

Duration of Last Sickness, About 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 27/87

Undertaker, Wm S. King

Place of Business, 307 N Broadway

R. W. Mansfield M. D.  
Medical Attendant.

Address, 129 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

## Board of Health, City of Baltimore.

Permit No. 99479 Office of Registrar of Vital Statistics. Ward 20<sup>g</sup>

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 25. 1887

Full Name of Deceased, { Write legibly and spell correctly. if an infant not named, give names of parents. } Mr Wm J. Walker

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 60 Years, — Months, — Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and Number. } 1416 West Lammle St.

Cause of Death, { First (Primary), Spinal paralysis. Second (Immediate), Coma. }

Duration of Last Sickness, unknown - in attendance from March 30.

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, April 28<sup>th</sup> 1887

Undertaker John S. Moscher

Place of Business, No 150 Camden

Martins Brewer M. D.  
Medical Attendant.

Address, 1031 McCarroll St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]